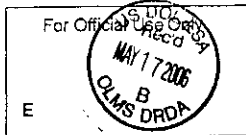


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 11148	2. Fiscal Year Covered From: 01/01/2005 Through: 12/31/2005
3. Name and address of person filing. Name RALPH T. HOFFMANN P.O. Box, Bldg., Room No., if any Street 8 ROSS ST. City POINT MARION State PA ZIP Code + 4 15474	4. Name, file number, and address of labor organization. Name USW LOCAL 14693 Labor Organization File Number 029-062 P.O. Box, Building and Room Number, if any Street 451 ADAMS AVE. City CANONSBURG State PA ZIP Code + 4 15317
5. Position in labor organization.	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

Ralph Hoffmann

On

5-11-06
Date

724-725-0604
Telephone Number

Name of Person Filing

RALPH HOFFMANN

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

9. Business deals with:

a. Labor Organization

b. Trust

c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

11.a. Nature of such dealing.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name PA HEAVY HIGHWAY APPRENTICESHIP

Trade Name, if any: & TRAINING

P.O. Box, Bldg., Room No., if any

Street 1200 THREE GATEWAY CENTER

City PITTSBURGH

State PA. ZIP Code + 4

15222

14.a. Nature of payment.

WAGES

43 635.60

MOTEL

3 827.19

PER DIEM

2 590.00

MILEAGE

6 301.81

TOLLS

60.75

OFFICE SUPPLIES

458.58

POSTAGE

83.38

INTERNET

212.84

13.b. Is the Business an Employer ☒ or Consultant ☐

14.b. Amount of payment.

57,170.15



**STEELWORKERS DISTRICT 10 & PENNSYLVANIA HEAVY
AND HIGHWAY BARGAINING ASSOCIATION JOINT
APPRENTICE AND TRAINING PLAN**

RALPH HOFFMANN
CO-ORDINATOR
412-352-4154 CELL
724-725-0604 FAX

451 ADAMS AVENUE
CANONSBURG PA.15317
724-746-0647
724-746-4472 FAX

20 East Union St Rear
First Floor Suite 120
Wilkes Barre, Pa. 18701
570-829-6924
570-829-6927 FAX

May 11, 2006

To Whom It May Concern:

I am writing this letter to explain the enclosed LM 30 report. I am the Apprenticeship and Continuing Education Coordinator for the PHHAT. I answer to a board of trustees consisting of 3 Contractor Trustees & 3 Union Trustees. I set up training for union members who are currently working for or have previously worked for Pa Heavy & Highway Contractors.

All wages and expenses are paid by the USW Local 14693 and are then reimbursed by the third party administrator, Pa Heavy & Highway Apprenticeship Training Fund. I have been advised by the fund attorney to file this report.

Should you have any questions regarding this matter, please contact me at the above number.

Thank you

Ralph Hoffmann, Coordinator